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ABSTRACT

This paper describes the characteristics of toddlers aged 12 to 30 months in relation to the qualities necessary for an effective early childhood program for such children. The first half of the paper discusses these qualities, which include: (1) respect for toddlers' budding autonomy; (2) attention to language development; (3) social interaction and play with peers and adults; (4) attention to gross motor development; and (5) respect for attachments to family and culture. The second half shares the experiences of the director of an infant and toddler child care center and, based on videotaped material, discussions with parents about their own thoughts and feelings about having their children in a child care center. The effectiveness of two specific practices, the primary care model and the use of parent-teacher notebooks, are examined by means of descriptions of parent-child and parent-teacher interactions. (MDM)

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TODDLERS IN CHILD CARE: WHAT DOES A "QUALITY" PROGRAM MEAN?
Nancy Balaban and Carol Dubiel

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NAEYC Anaheim Friday, Nov. 12,1993

(Part I: talk by Nancy Balaban)

Introduction: Nancy Balaban is director of the Infant and Parent Development Program at Bank Street College in New York City. This is a masters degree program for people who wish to work with children under three and their parents.

Carol Dubiel directs the YWCA Child Care Center in White Plains,NY, serving a multicultural population.

We hope this presentation will offer all of us an opportunity to reflect on the goals of "quality care" for toddlers and on some of the means for reaching those goals.

It's an indication of our point of view that our focus in this seminar will be two fold - we will focus on both toddlers and parents. We believe that any program planned for toddlers must include their parents in the design. We regard toddlers and their parents as a unit. What's good for one is good for the other. We believe that the goal of a quality program is not only to care for toddlers but to care for their families. Winnicott, the well known psychoanalyst, has said that there is "no such thing as a baby." I believe he meant that there's only a baby and a parent/caregiver.

Here's our plan:

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First, I will describe some of the characteristics of toddlers aged 12 to 30 months and the implications of those developmental characteristics for program planning. I will show two clips from a video called "Time for Toddlers" to illustrate the toddler's drive toward exploration and some of the limits of toddler's abilities in relating to other toddlers. ( The name of the video and the source are written on the chart paper.)

Second, Carol Dubiel will focus on the central importance of the family in the toddler's life and on ways she, as the director, facilitates building strong ties between the families, her staff and herself. She will emphasize both a "family support" and an "anti-bias" framework as the foundation of this work and will show some tapes of her work with families in her center.

After our presentations, we will open up for comments and questions - we look forward to our interaction with you.

Now - about toddlers:

Perhaps the most dramatic and overriding aspect of the toddler period is that it is a time of "transition" - toddlers are leaving infancy but have not yet become preschoolers. Indeed, they are "in between." So programs for toddlers need to be qualitatively different than programs for preschool children. We

need to use another model which I will discuss shortly.

Because of this transitional status and their intense need for autonomy, toddlers are very often subject to inner turmoil. An example is the toddler who wants to tie her shoe, or button his jacket, or put on her sock but can't -- all the while insisting that she can and absolutely refusing one iota of help.

What's happening is that the feelings and the emotions are so much bigger than the toddler, that often the child either breaks down, acts up or has a tantrum.

This transitional stage is also marked by a lack of inner control -- toddlers are driven by their impulses. What you see is what you want. Surely you have seen a toddler grab (from the shelf or even from another child) a basket of toys, like duplos, and scatter them across the floor - only to go on to the next basket of something else and do it again. Dumping, not using, was clearly the agenda. When children are so impulse ridden they are also very easily over stimulated - one turning over of the basket can lead to several turnings over. Responding to impulses can often lead to conflict with other toddlers as well, which is why so many toddler interactions are characterized by conflict. Just because someone is holding a shiny fire truck, doesn't mean you can't have it, too. We will see this in the video and how the staff interacts to help the toddlers.

In addition to the inner turmoil, and the impulse-ridden nature of the transitional toddler years, we also see ambivalence. Even a toddler who apparently doesn't want to stop - flinging baskets of toys for instance - really does want to be stopped - despite the protest that may accompany the adult's holding and stopping her. We see this ambivalence in many actions - wanting to go out, while at the same time not wanting to go out - asking for juice, but then saying "no juice" - wanting to be held, then wriggling to get away. This "I want/ I don't want" is amazingly like adolescents, who are also "in transition", no longer children, not yet adults. Recently some one gave me such a perfect description of adolescent ambivalence - her 14 year old daughter was bad mouthing her (and those who have adolescent children at home know how horrible that can be) - and then, later when it was time for bed, said "aren't you going to tuck me in?"

How do we provide a relevant human and physical environment that will support these developmental characteristics of the transitioning toddler? This is a great challenge because it is clear that these characteristics often try the most understanding parents and caregivers. Toddlers, while often delightful, are not always a delight to be with.

This is why (#1) the small group and the low ratio of children to caregivers is a central key to a quality program - plus, of course, the sensitivity and the educational preparation

of the caregivers. Dividing the group as often as possible during the day is a strategy that helps to keep the group small and reduces overstimulation. Groups as large as 12 are generally overstimulating for toddlers, challenging their insufficient self control and difficult for caregivers.

In addition to the small group and low ratio of children to caregivers,(#2) meeting the toddler sideways, rather than straight on, is a strategy that saves face and energy. Getting there before basket #3 gets tossed and joining the toddler in another activity is more effective than an adult "NO". It's easier to pick up the scatter after the toddler is settled in something else. When we say "Do you want juice?" the answer is often NO. Sometimes giving a choice - "do you want juice or milk?" -sidesteps the confrontation.

In the **TAPE** you will see ways that the staff behaves in dealing with toddlers' impulses and how they help the toddlers in their conflicts with other toddlers. (If you have comments about the tape please jot them down and we'll discuss them after our presentation.)

**SHOW TAPE**

Quality programs need to provide for at least 5 other important aspects of toddler life:

Their budding autonomy

Their language development

Their need for social interaction

Their need for movement

Their attachment to their family and culture and the implications for separation.

Let's look at each of these aspects one at a time.

#1. Their budding autonomy. Moving away from the dependence of infancy, toddlers, now upright and fast movers, are often heady with their own abilities - I do it myself! Unfortunately they can't always do it themselves - there are so many impediments -- their size, their lack of fine motor coordination, their limited language. So it's no wonder that these 1 and 2 year olds who literally have so little power, play it to the hilt when they discover the effect on adults of their saying "NO". They can stiffen their body and you can't dress them. They can refuse to use the potty and you can't make them. They can refuse to eat or spit out food and there's little you can do to make them eat. This pushes a lot of adult buttons - we feel incompetent, powerless - no wonder we sometimes hear angry and frustrated adults say silly things like "don't be a baby" to the toddler who cries when mother leaves or screams when she can't put the puzzle piece in.

We need to address the development of the toddler's autonomy in our programs and how we do it depends on what we

believe about autonomy, what we believe toddlers should learn, and how we mesh our ideas with the parents' childrearing beliefs and cultural values.

Here are some questions to consider about supporting autonomy:

1. Do the toddlers have choices of activities? Can they select a plaything or a book from shelves at their level? Is time structured so that they are able to use materials until they're finished? Is there more than one of a very popular toy? Do they have sufficient reminders and time before needing to clean up?

2. Do they have suitable adult models? How adults behave influences how toddlers behave. Research shows that sensitivity to children of toddler age produces cooperation whereas when adults are harsh or demanding toddlers become resistant and less compliant. Do adults give explanations as well as directives?

#2. Language development It is through language that we become uniquely human and the way that children move slowly into the adult world. Lanugage provides the toddler with new power -

with new social ability, with pleasure, with more complex forms of communication. Language is the pathway to literacy, the handmaiden of reading and writing, the food which nourishes intelligence.

The implications for caregivers are enormous for we provide the models, the stimulators, the encouragers of the emerging language of the toddler.

In order to support language development:

#1. Speak clearly and directly and respectfully to toddlers. They need to know the reasons "why" - not in any complex way, but simply in understandable terms. They also need to know "why not."

#2. Expand their own language. "More" says Maria. "Oh, you want more crayons - here they are."

#3.Provide a language-rich environment of talk, stories, songs, books and people who write things down and read.

<u># 3. Social interaction and play with peers and adults</u> It is by means of social interaction that children learn to trust or distrust the world. Make-believe play with objects and with other children provides one of the main vehicles of social interaction. Everyday routines and activities like dressing, diapering, eating, going for outings and arrival at and departure from the center also provide opportunities for interaction and for language development.

To support social interaction:

#1. Help toddlers divide their time between play with adults, play with peers and play by themselves. Provide play spaces that are well defined and eliminate vast open areas that invite confusion and too much interaction.

#2. Consider routines as great opportunities for interaction and social exchange. Tying or clasping a toddler's shoe, for example, can involve a discussion of the kind or color of shoes, how you go about tying or clasping them, a talk about the color of the child's socks, where the shoes were bought, and on and on.

#4 Significance of gross motor development.

In my visits to group settings for toddlers this aspect of their development is often neglected. Rooms are frequently too small to accomodate the toddler's need to jump, climb, run, fall, bounce, crawl, lie down, roll, tumble and trot. To the toddler, movement means "I am" and it means "I can" - it means I am competent. It means I have control over my body. Movement for toddlers is not only a facilitator of development, it is a reflector of development.

Toddlers need to move in order to learn - stop toddlers from moving and you stop them from learning.

#1. Provide safe places to climb and jump. Places to hide

in, to roll on, to crawl along. Are there stairs to climb? Are there corridors to run in? Places to roll a ball and run after it? Is there a safe swing? A place to push or pull small toys? A safe place to practice walking and running? Are there different surfaces to experiment with - grass, concrete, wood, linoleum, etc.?

Addressing toddlers' motor needs helps to cut down on much of the conflict we often see and helps to improve all the relationships as well as the tone in the room.

#5 Attachment to family and culture. I have saved what should actually have been first until last because as Alicia Lieberman says so aptly in her wonderful new book The Emotional Life of the Toddler "Children raise their parents, as much as the parents raise the children." She points out that parents provide the secure base from which toddlers derive the confidence that a balance exists between their passion to explore and their need for attachment.

This important "other aspect" of a quality program is what Carol Dubiel will now address.

talk by Carol Dubiel (Part 2)

I want to share some of my experiences in directing an infant and toddler child care center, and to talk about the needs and concerns of the parents of these very young children. I asked a small group of parents to join a discussion group - to talk about their own thoughts and feelings about having their children in a child care center. They gave me permission to record the discussion on video tape and to share it with other child care professionals so that we could reflect together and think about the needs of parents. I will show several clips from this video recording during my presentation. I want also to describe how two specific practices - the primary care model, and the use of parent-teacher notebooks can help support the parents of infants and toddlers in our child care centers.

Because we accept that developmentally oriented, high quality child care, can only happen in context of the child's family, then we must support this philosophical base in our policies and practices - and in our day to day interactions with parents. I hope that the following "real life" anecdotes, as well as the video clips, will help to highlight parent needs.



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Margaret is the supervising head teacher in the infant/ toddler room. Margaret supervises the four caregivers in this group. I like to think of her role as that of a choreographer - she sees that the dance - or the program in this case - happens. Margaret helps the caregivers to observe and record each child's development, to plan activities with them and to help them work closely with each parent. Margaret enters my office - looking upset - and on the verge of tears.

Margaret tells me that Rachel, the mother of three month old Alexandra, has written six pages in their parent-teacher notebook, expressing anger, and concern about Alexandra's intake of formula at the center. Rachel does not think that Alexandra is getting enough milk because she refuses to complete her bottles. These notebooks are a tool for parent-teacher communication and include daily information about all aspects of the child's day including food intake. The primary caregivers write in them each day during quiet moments and during the extra 15 minutes added to their lunch hour.

2.

In the primary care model, a caregiver is assigned the primary responsibility for three to four infants and toddlers. This arrangement allows for closer communication with the parents of these children. The model fosters attachment between the caregiver and the child and allows her to become an expert on this child. The caregiver is responsible for the child's feeding, diapering, and sleeping needs, and for the planning of specific activities to support his or her development.

Let's get back to our narrative. Rachel says that Nel, Alexandra's primary caregiver, is not taking enough time to feed her. I listen to Margaret, who is deeply hurt - "We take such good care of her baby - Nel works so hard at feeding Alexandra - doesn't Rachel trust us, why does she leave her baby here with us if she doesn't trust us?" We talk about Rachel's situation - she has just returned to work - she cannot bring Alexandra into the Center each morning or pick her up at night - because her commute to her work place is over an hour - her husband brings the baby in and picks her up in the evening.

3.

Margaret says "I know it's hard for Rachel but it's hard for us too." Margaret and I talk about Rachel's anger and concerns and about the caregivers feelings. I try to support Margaret and to help her understand Rachel's anxiety and offer to be available while she calls Rachel. Margaret calls Rachel from my office - they talk rather openly about their worries and feelings and agree to work together with Nel to make sure that Alexandra drinks more milk at the center. Rachel offers to take the next morning off and to work with Nel to show Nel her own style of feeding Alexandra. Because of the opportunity for these interactions, things really improved in this mother/caregiver dyad.

Our use of notebooks provides an opportunity for regular sharing between parents and teachers. Usually they are filled with positive dialogue, as well as important developmental information - however, as with Rachel, they do provide an opportunity for a clear expression of parents' concerns, worries, and anger. It's important for directors and teachers to know about these feelings too.

4.

I would like to describe several other situations that happened at our center. I hope that they speak to the work, which is often difficult and emotionally laden, as well as joyful and satisfying. Christine, is the primary caregiver of Meghan (20 months). Christine keeps careful and detailed anecdotal records in the notebook that she shares daily with Meghan's parents, Joan and Michael.

Although the records note mealtimes and diaper changes, they are mainly focused on rich and detailed descriptions of Meghan's activities and peer interactions.
At their parent-teacher conference, Michael tosses the notebook on the table and says "This stuff is worthless junk. I want to know what Meghan eats, drinks, how much she sleeps, and about her bowel movements."

Later, in our discussion about the conference, Christine is hurt and angry. "I use part of my lunch hour to write those notes and he doesn't even care." I recall that in our initial interview with Michael, who is a physician, he told us that he thinks about Meghan's physical well being first.

Michael shared with us that since Meghan has been in a group child care setting, he worries most about two things - head injuries and frequent ear infections - which he believes will impair her language development and IQ level. In this case the notebook did not appear to help Michael, however the above interaction helped us to learn about Michael's needs and concerns.

In an infant/toddler staff meeting, we made a chart and wrote down - "This notebook is junk." We helped Christine to talk about the feelings that were evoked for her by this statement. The group then thought about what Michael might really have been saying and we added this to the chart. "I worry about Meghan getting hurt", "It's important in our family to be very smart" , "My mother doesn't think Meghan should be in child care - she should be at home with a nanny." Giving Christine the opportunity to talk about her feelings, and to get the support of her peers, allowed her to think about Michael's concerns as a father and physician and to better understand his perspective.

6.

We have a mixed age group in the infant/toddler program in our center. Our goal is to provide continuity of care by allowing a child to stay with the same caregiver for an extended period of time and to build a strong attachment with that person. A primary caregiver may have children in her care ranging in age from 8 weeks to 2 or 2 1/2 years of age. This arrangement allows a caregiver to give more attention to the young babies while the toddlers are engaged in activities nearby.

Audrey, a primary caregiver, and Matthew, age 13 months, have formed a strong attachment. Matthew has been in her care in the infant/toddler group since he was eight weeks old. Matthew smiles in a special way when Audrey enters the room, often reaching out to be picked up by her. Matthew's Mother, Mrs. G., loses her job very suddenly, and she believes, unfairly. Her boss tells her that she takes off too much time when Matthew is sick. Mrs. G is angry at her boss, and at the Center's policies for sick children. We require that children who are ill with a fever, vomiting, diarrhea or a communicable disease be excluded from the center.

Mrs. G. withdraws Matthew from the Center, without any notice, and with no opportunity for Audrey and the other caregivers to say good-bye. Audrey feels sad and angered by the loss, and devalued by not having a chance to say good-bye to Matthew. I believe that I helped Audrey by meeting with her and allowing her to talk about her feelings of loss.

What do these typical "every day" stories that happen in our child care centers tell us? What can we learn by thinking about what each parent is really saying? Most of all, how do we build relationships and partnerships among the adults, so that we can meet their needs as well as the needs of the children?

How can our knowledge of child development and adult development help us? How do we develop mutual respect, understanding, and trust among those who share the caring of these children?

Parenthood is about relationships. Attachment, separation, autonomy, and definition of a sense of self are issues for parents as well as for toddlers. Parents bring old issues from their childhoods and relationships with their own parents to their parenting experiences. Parents are defining themselves in relationship to their children, and creating a definition of themselves as parents.

As we listen to Michael, Mrs. G, and Rachel, and to the parents in the video clips, we hear their worries, their struggles, and their questions. Will Meghan be bright, can Mrs. G. succeed in a career and be a good mother? Karline describes parents concerns very vividly in the video - "they worry about everything!" she says. Will the children and parents be seen as individuals? Tom asks in the discussion group. Will Karline's baby be the first one picked up when she cries, will Teresita's quiet child be noticed and will she have a special person to trust?

Let's watch some brief clips of the video tape now. Listen closely to Karline - she speaks very quickly as she describes her concerns. Teresita tells us how the primary care model helps her and her children.

SHOW VIDEO NOW

We now need to add to this intense cauldron of feelings, those of the teachers in our infant/toddler programs. I think that the narratives remind us that we must create a forum that supports our staff. Caregivers regularly need the opportunity to talk things out and to get in touch with their own feelings, as well as to explore parent issues. As we more fully respect and understand caregivers feelings, we will enable them to acknowledge and respect the feelings of parents.

10.

In addition to understanding and supporting the emerging needs of the infants and toddlers in their care - those little people who are trying to find out how things work, who cry, grab, bite, or hit, because they want something now, who are exploring one minute and clinging the next - our teachers need to deal with the feelings evoked by their interactions with the parents whose children they care for. Does Michael remind Christine (age 20) of a critical father, does Rachel think Margaret never does anything right - what feelings are evoked for Margaret?

Audrey tells me she feels so mad about not being able to say good-bye to Matthew that she wants to call up Mrs. G and scream at her -"but I know that's not professional" she says. Are screaming or silence her only choices? Teachers, who are themselves in various stages of adult development, need our help and support to get in touch with the emotions stirred up by these interactions.

I believe that the first step for early childhood professionals is to recognize and acknowledge these powerful feelings. We can then support a philosophical view that values a partnership with parents - through our policies and practices. During parents' first visits to our center, we begin to set up a structure for communication. I start by clearly articulating the center's philosophy and goals, and by listening to the parents' needs and wishes for their child.

I include teachers, to set the stage for a relationship and ongoing communication. I have found that a caregiver who provides child care in context of an individual child's family will offer that child a more optimal environment for growth.

I have found other helpful policies to foster parent-center relationships. I have started involving parents in the selection of new staff - because a caregiver's departure often leaves parents feeling worried and powerless. Having a say in choosing a new one seems to empower parents.

We have added telephones in each room so that parents can check in during the day, and we maintain an open door policy that allows for lunchtime visits. If visits work for the child and the parent they can also support relationships. Lunch time rap sessions, family suppers, a buddy system where a new parent is supported by an old timer, and a separation process that supports parent as well as child needs, has helped us create a center that usually works for everyone. We have found that parents need to get to know and feel comfortable with the environment - both physical and human - before their child starts full time care. I think that parents value the support they receive from feeling assured that they, as well as their children, are listened to, attended to, understood, and accepted - even when doing or saying things that make us feel uncomfortable or put on the spot. And - they want their very young children who have tantrums, bite, and hit, and demand that this is "mine", to be liked too.

I would like to repeat the questions that I posed earlier, and then to proceed to our dialogue with you. What do these every day stories that happen in our centers tell us? What can we learn by thinking about what each parent is really saying? Most of all, how do we build relationships and partnerships among the adults, so that we that we can meet their needs, as well as the needs of the children? How can our knowledge of child development and adult development help us? How do we develop mutual respect, understanding, and trust among those who share the caring of our children?